Board of Commissioners Meeting Memorandum

Date: May 14, 2007

From: Rebecca Carter, Director of Regulatory Compliance

Subject: TERESA'S SCHOOL OF THERAPEUTIC MASSAGE

NEW DEGREE APPLICATION - ASSOCIATE OF APPLIED SCIENCE

Staff Recommendation

The commission staff recommends that Teresa's School of Therapeutic Massage be granted the authority to award the Associate of Applied Science degree in the following program:

Professional Massage

Background Information

Teresa's School of Therapeutic Massage has been regulated by the Indiana Commission on Proprietary Education since March 21, 2002. The school was granted Fully Accredited status by the Commission in June 9, 2004.

The associate of science degree consists of 996 clock hours of training; a minimum of 75% of the courses are in the Specialty; and the faculty meets the criteria as stipulated in 570 IAC 1-10.1-4.

Supportive Documentation

- 1. Degree Application
- 2. Instructor Qualification Record forms

DEGREE APPLICATION (New or Renewal program)

Name of Institution		Ter	esa's S	chool of	The	apeu	utic Mass	sage	ļ
Name of Program			Р	rofessio	nal N	lass	age		
Level of Degree (AAS	S, AS, AA	, BAS, BA	, BS, MI	3A, MAS	, MA	, MS,	Ph.D.)	_	AAS
Name of Person Prep	aring this	Form				Tere	esa Grabe	er	
Telephone Number		7	65-457-	0570			Applic	catio	on Type
Date the Form was Pr	epared		4/18/0	7			⊠ New	,	Renewal
I. PROGRAM OBJECT explain how it is structured TSTM is committed.	ıctured ir	order to	accom	plish the	e obj	ectiv	es.		
a Home Basis Busine	ss. A grea	<u>ater numb</u>	er of peo	ple toda	ıy-mo	re tha	an (52 pe	rcen	nt) are viewing
their Massage Therap	ist as a H	ealth Car	<u>e Practit</u>	ioner. C	ur pro	ogran	n offers a	ın int	ense Hands-
On Pain Relief philoso	phy along	g with the	relaxing	<u>/restorin</u>	g effe	ects. S	Students	will k	<u>se taught</u>
busniess practices in	order to d	o billing fo	or Ins. co	mpanie	s. Ter	esa l	ner self ha	as w	orked for a
large complex for 9 yr	s., Americ	an Health	<u> Networ</u>	k, that h	ouse	s 16 I	Doctors a	ınd a	<u>Specialty</u>
Center and Ins. does	pay for Ma	assage Th	nerapy.	<u>Students</u>	are t	<u>augh</u>	t to work	with	Chronic/Acute
pain and Muscular Dis	orders al	ong with v	vorking '	with the	<u>elderl</u>	y and	d the term	ninall	<u>y III. Student</u>
are taken to (2) differe	nt Nursin	g Homes	to apply	there sk	ills or	the	residents	s. Stu	<u>udents are</u>
taken to events such a	as Mini 50	0 in Indy,	Walkath	nons, fair	s, sc	hools	s, etc. to g	<u>jet H</u>	<u>lands -On</u>
practice time along wi	<u>th 80 hrs.</u>	of inside	clinical h	ours wit	h clie	nts th	nat desire	a S	<u>tudent</u>
Massage at a discoun	ted price.	The prog	rams for	cus is to	enter	the s	student in	ito re	al life cases
along with appling the	re busine	ss, ethica	, and pr	<u>ofession</u>	al asp	<u>ects</u>	of mainta	<u>ainin</u>	g a practice.
A 26 hr Introducti	on to Mas	sage The	rapy is o	offered fo	or stu	dents	to deterr	<u>mine</u>	there interest
in Massage Therapy.	A basic S	wedish M	<u>assage</u>	along wi	th an	intro	to Anator	my,	
Standards/Ethics, Dra	ping, Bod	<u>y mechar</u>	ics are	all taugh	t so a	s to c	only have	the	interest at
heart in the programs	offered af	t TSTM.							

II. <u>PROGRAM STRUCTURE</u>: List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course.

NAME OF PR	OGRAM:	Professional Massage	9			
TOTAL COURSE HOURS:		996	Check one:	Quarter H	ours	
				Semester	Hours	
				Clock Ho	urs	
LENGTH OF F	PROGRAM:	2 years	TUITION:	\$9,760.00)	
SPECIALTY (COURSES:					
Course Number	Course <u>Title</u>				Course <u>Hours</u>	
	Massage	Theory/Technique			148	
	Anatomy/	Phyiology/Pathology			180	
	Kinesolog	y/PNF Stretching			84	
	Inside Clir	nicals (student massages)		80	
	Business				14	
	First Aid/C	PR			8	
	Reflexolog	ЭУ			200	
	CranioSa	cral Therapy			12	
	NeruoMus	scular Therapy			12	
	Hot Stone	Massage			24	
	Health/We	ellness			30	
	National C	Certification Review			12	
	Introduction	on to Massage Therapy			26	
	Acupressi	ure			46	
	Graber De	etox Massage			30	
	Deep Tiss	sue Technique			24	
	Geriatrics	Terminallly III			16	
	Infant/Pre	natal Massage			12	

SPECIALTY COURSES:

Course <u>Number</u>	Course <u>Title</u>	Course <u>Hours</u>
	Acupuncture	_4
	Standards/Ethics	24
	Polarity Therapy	6
	Animal Therapy	4
	Posture Analysis	6
GENERAL EDU	JCATION / LIBERAL ARTS COURSES:	
Course <u>Number</u>	Course <u>Title</u>	Course <u>Hours</u>
	lit/Clock Hrs. in Specialty: 960	
If applicable: Number of Cred	lit/Clock Hrs. in Liberal Arts: / Percent	tage:

III. <u>LIBRARY</u> : Please provide information pertaining to the library located in your institution.
Location of library; Hours of student access; Part-time, full-time librarian/staff: Library materials are located at the school
2. Number of volumes of professional material: 200 and growing
3. Number of professional periodicals subscribed to: $\underline{5}$
4. Other library facilities in close geographical proximity for student access: _Kokomo Library downtown within 1 mile
If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.
Doc.: degreappform.doc

IV. <u>FACULTY</u>: Attach completed Instructor's Qualification Record for each instructor.

** Include <u>all required documentation</u> pertaining to the qualifications of each instructor.

Total # of Faculty in the Program:	14	Full-time:	3	Part-time:	11
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Fill out form below: (PLEASE LIST NAMES IN <u>ALPHABETICAL</u> ORDER.)

List Faculty Names	Degree or	# Years of Working	# Years Teaching	# Years Teaching	Check	cone:
(Alphabetical Order)	Diploma Earned	Experience in Specialty	at Your School	at Other	Full- time	Part- time
Diana Addison-Brahn	Diploma	6	6			*
Dave Covault	Diploma	20	6			*
Sherri Deford	Diploma	3	1	_		*
Jerry Graber	Diploma	4	4			*
Teresa Graber	Diploma	11	6		*	
Christina Hullinger	Diploma	6	6			*
Patti Julius	BS	20	6		*	
Donald Kelley	Diploma	18	0			*
Chris Kemp	ВА	20	4			*
Manisha Peterson	Diploma	12	1			*
Debra Roemich	Diploma	7	6			*
Dr. Ben Stout	DC	15	6			*
Dr. Melissa Stout	DC	15	6			*
Carolyn Townsend	MS	20	6		*	

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor.

Chast (First) (Middle)		Diana		Addison-Brahm	(Middle)	
Source of Training/Education Location Training/Education From: To: Westbroek-Uni-Neture's Sunshine-Herb Specialist At-Aztec, New Mexico Own practice 1997 2002 Applicable Experience Location Experience From: To: Has own-practice/ Teresa's School of Kokoma.In Own Clinic. 2002 present		(Last)		(Elist)	(muche)	·
Source of Training/Education Location Training/Education From: To: Westbrook Uni./Nature's Sunshine-Herb Specialist At-Aztec, New Mexico Own practice 1997 2002 Applicable Experience Location Experience Experience From: To: Has own practice/ Teresa's School of Kokomo.In. Own Clinic 2002 present	NAME OF IN	STITUTIO	N: Teresa's Sch	ool of Therapeutic Massa	age	
Source of Training/Education Location Training/Education From: To: Westbrook Uni./Nature's Sunshine-Herb Specialist At-Aztec, New Mexico Own practice 1997 2002 Applicable Experience Location Experience Experience From: To: Has own practice/ Teresa's School of Kokomo.In. Own Clinic 2002 present			Names of Co	ourses Taught:		
Source of Training/Education Location Training/Education Training/Education To: Westbreek-Uni/Nature's Sunshine Herb Specialist At Aztec, New Mexico. Own practice. 1997 2002 Applicable Experience Location Experience Location Experience From: To: Has own practice/ Teresa's School of Kokomo.In Cwn Clinic. 2002 present		· · ·				
Source of Training/Education Westbrook-Uni:/Nature's Sunshine Herb Specialist At-Aztec, New Mexico Applicable Experience Has own practice/ Teresa's School of At-Aztec New Mexico At-Aztec, New Mexico At-Aztec, New Mexico Own practice Exact Nature of Experience Experience From: To: Employment Period From: To: To: Own Clinic Own Clinic Own Clinic Prom: To: From: To: From: To:	6-hour indole	<u>gy</u>				
Source of Training/Education Westbreek-Uni:/Nature's Sunshine Herb Specialist At.Aztec, New Mexico Applicable Experience Has own-practice/ Teresa's School of At.Aztec Location Location Location At.Aztec, New Mexico Own practice Training/Education From: To: 1997 2002						
Source of Training/Education Westbreek-Uni:/Nature's Sunshine Herb Specialist At.Aztec, New Mexico Applicable Experience Has own-practice/ Teresa's School of At.Aztec Location Location Location At.Aztec, New Mexico Own practice Training/Education From: To: 1997 2002				_		7
Source of Training/Education Westbreek-Uni:/Nature's Sunshine Herb Specialist At.Aztec, New Mexico Applicable Experience Has own-practice/ Teresa's School of At.Aztec Location Location Location At.Aztec, New Mexico Own practice Training/Education From: To: 1997 2002	 	<u> </u>				<u>, n. n </u>
Source of Training/Education Westbrook-Uni:/Nature's Sunshine-Herb Specialist At-Aztec, New Mexico Applicable Experience Has own-practice/ Teresa's School of At-Aztec, New Mexico At-Aztec, New Mexico At-Aztec, New Mexico Own practice To: Exact Nature of Experience Experience From: From: From: To: Employment Period From: To: To: Prom: To: From: To: To: Prom: To: To: Present						
Source of Training/Education Westbreek-Uni:/Nature's Sunshine Herb Specialist At.Aztec, New Mexico Applicable Experience Has own-practice/ Teresa's School of At.Aztec Location Location Location At.Aztec, New Mexico Own practice Training/Education From: To: 1997 2002						
Source of Training/Education Westbrook-Uni:/Nature's Sunshine Herb Specialist At-Aztec, New Mexico Applicable Experience Has own practice/ Teresa's School of At-Aztec New Mexico At-Aztec, New Mexico At-Aztec, New Mexico Own practice Exact Nature of Experience Experience From: To: Employment Period From: To: To: Own Clinic Own Clinic Own Clinic Prom: To: From: To: From: To:						· · · · · · · · · · · · · · · · · · ·
Source of Training/Education Westbrook-Uni:/Nature's Sunshine Herb Specialist At-Aztec, New Mexico Applicable Experience Has own practice/ Teresa's School of At-Aztec New Mexico At-Aztec, New Mexico At-Aztec, New Mexico Own practice Exact Nature of Experience Experience From: To: Employment Period From: To: To: Own Clinic Own Clinic Own Clinic Prom: To: From: To: From: To:		· · · · · · · · · · · · · · · · · · ·			:	
Source of Training/Education Westbrook-Uni:/Nature's Sunshine Herb Specialist At-Aztec, New Mexico Applicable Experience Has own practice/ Teresa's School of At-Aztec New Mexico At-Aztec, New Mexico At-Aztec, New Mexico Own practice Exact Nature of Experience Experience From: To: Employment Period From: To: To: Own Clinic Own Clinic Own Clinic Prom: To: From: To: From: To:		<u> </u>			Period of A	ttendance
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Applicable Experience Location Experience From: To: Has own practice/ Teresa's School of Kokomo In Own Clinic 2002 present	Sunshine Herb	Specialist	At-Aztec, New Mexico	- Own practice	1984	2002
Applicable Experience Location Experience From: To: Has own practice/ Teresa's School of Kokomo In Own Clinic 2002 present				-	-	
Applicable Experience Location Experience From: To: Has ewn-practice/ Teresa's School of Kokomo In Own Clinic 2002 present			-		-	<u>. </u>
Applicable Experience Location Experience From: To: Has ewn-practice/ Teresa's School of Kokomo In Own Clinic 2002 present					-	
Experience Location Experience From: To: Has own practice/ Teresa's School of Kokomo In Own Clinic 2002 present	Annlicable		-	Exact Nature of	Employmen	nt Period
Teresa's School of Kokomo In Own Clinic 2002 present	Experience		Location	· ·	From:	To:
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	RE	CEIVED				-
						-
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INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation required</u> for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

Use the <tab≥ key to advance to the next field, or select a field by clicking the cursor. Dave NAME: Covault (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 200-hour Reflexology Period of Attendance Area or Subject of Source of Training/Education To: From: Training/Education Location P.O. Box 12642 St. Inter Nat Inst. of 1986-1989 Petersburg, FL Reflexology-Reflexology-**Employment Period** Exact Nature of Applicable ... Experience From: To: Experience. Location -Own-practice/Teresa's Alex Massage School/-2003_ Alex. In. present mulititude of settings-Massage School RECEIVED MAY 0 9 2007

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Please TYPE the form.

		. <tab≥< th=""><th>key to advance to ti</th><th>he next field, or select a field by clickin</th><th>g the cursor.</th><th></th></tab≥<>	key to advance to ti	he next field, or select a field by clickin	g the cursor.	
NAME:	Sheri			Deford	1	
	(Last)			(First)	(Middle)	
NAME OF I	NSTITUTIO	N:	Teresa's	School of Therapeutic Mass	sage	
			Names o	of Courses Taught:	X	
24-hour Ho	t stone Mas	sage				
						
			· · · · · · · · · · · · · · · · · · ·		····)
Source of				Area or Subject of .	Period of	Attendance
Training/E	ducation	Loc	cation	- Training/Education	From:	To:
Center For Vit	al-Living	Fort	Wayne _r In-	- CVLmassage seheol/own - practice	2002	2004
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			•			-
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Applicable				Exact Nature of	Employme	nt Period
Experience		Loc	ation	Experience	From:	To:
Massage Scho		Fort	Wayne, In.	Own Clinic	2004	present
pieces and real real real	and the state of t					-
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MA:	Y 0 9 2007	<u>-</u>			-	-

INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Jerry NAME: Graber (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 4-hour Intro to Reflexology Period of Attendance Area or Subject of Source of Training/Education Training/Education From: To: Location Teresa's School of 2003 2004 Reflexology Massage Kokomo In. Employment Period **Applicable Exact Nature of** Experience **Experience** Location. From: To: 4027 S.Webster St. Kokomo In Has own business 2002 present eresa's:Massage/Spa MAY 0 9 2007 INDIANA COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Teresa NAME: Graber (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 274-hours Theroy/Bodywork/Standards-Ethics/Assessment-Practice/Deep Tissue-NMT Therapeutic Swedish/Graber Detox Massage/CranioSacral Therapy/Intro to Massage Period of Attendance Area or Subject of Source of Training/Education To: Training/Education From: Location 1996. 1997 Massage Therapy Indianapolis. In **JUPUI Employment Period Exact Nature of Applicable Experience** From: To: **Experience** Location Teresa's 4027 S. Webster St Teresa's Massage/Dr. 1997 office present Massage/Spa/School/Dr. Kokomo In-

INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

NAME:	Hullinger	·	Christina		
	Last)		(First)	(Middle)	
NAME OF IN	STITUTIO	N: Teresa's Sch	ool of Therapeutic Massa	ge	
		Names of C	ourses Taught:	* * *	A William
	<u>.</u>	Names of G	ourses raagne.		<u> </u>
46-hour Arom	atherapy				
		···	<u> </u>		
					
<u> </u>			·		
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Source of Training/Edu	ıcation	Location	Area or Subject of Training/Education	From:	To:
Northwest-Colle Herbal Aromath		335-Amber-Ln. Willow- Springs, NC	- Aromatherapy	2002	- - 2002
-				<u>.</u> .	
	<u> </u>				
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Applicable		a	Exact Nature of	Employme	nt Period
Experience		Location	Experience	From:	To:
Own practice/Te School of Mass		- Converse In:/4027-S Webster St Kokomo In	- Own-practice/Teresa's - Massage School	2002	present
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INDIANA COL	MMISSION OF	N I			

INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Patti NAME: Julius (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 180-hours Anatomy/Physiology/Pathology 8-hours First Aid/CPR/AED Period of Attendance Area or Subject of Source of Training/Education From: To: Training/Education Location-Ind: School of 1993 1997 Nursing/B.S. Kokomo In. Nursing/R.N. **Employment Period Exact Nature of** Applicable. **Experience** Location. Experience. From: To: 1997 Tipton Hospital Tipton In Tipton Hospital present RECEIVED MAY 0 9 2007

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Don Kelley NAME: (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 12-hour NeuroMuscular Therapy Period of Attendance Area or Subject of Source of Training/Education From: To: Location Training/Education 900-14th Ave N-St. St. John's inst for Natural 1990 Peterson Fl NeuroMuscular Therapy 1987 Health **Employment Period Applicable** Exact Nature of Location Experience From: To: Experience home office 990-14th Ave Multitude of settings in the 1990 present NMTCenters. N. St Peterson Fl. U.S.

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Chris NAME: Kemp (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 6-hours Business Period of Attendance Area or Subject of Source of Training/Education From: To: Training/Education Location Indiana Univ. CPA B.A. Kokomo In. Accounting Employment Period **Exact Nature of Applicable** Experience. Experience. Location From: To: 2004 Indianapolis In. Has own business present Am. Equity Centers.

INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

NAME:	Monica (Last)		Peterson-Debois (First)	(Middle)	
NAME OF	INSTITUTIO	N: Teresa's	School of Therapeutic Massa	age	
TATAL OF					
<u> </u>		Names (of Courses Taught:	<u> </u>	
6-hour Pol	arity Therapy	pr. 100			
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Source of	.	~	Area or Subject of	Period of A	ttendance
Training/l	Education	Location	Training/Education	From:	To:
Kripalu Cent	ter-for-Holistic		Polarity Therapy	1982	1983
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Applicab	ام		Exact Nature of	Employme	nt Period
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INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor. Debra NAME: Roemisch (Middle) (First) (Last) Teresa's School of Therapeutic Massage NAME OF INSTITUTION: Names of Courses Taught: 46-hour Jin Shin Do Acupressure Period of Attendance Source of Area or Subject of Training/Education Training/Education Location From: To: Am. Organization for P.O.Box-1097 Felton-2000 Bodywork of Asia California_ Jin Shin Do Acupressure 1999 **Employment Period Applicable Exact Nature of Experience** Location. Experience. From:

Has own practice.

To:

present

2000

MAY 0 9 2007 INDIANA COMMISSION ON PROPRIETARY EDUCATION

Fort Wayne, In.

Center for Vtial Living

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INSTRUCTOR'S QUALIFICATION RECORD

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Please TYPE the form.

NAME: Stou (Las			(First)	(Middle)	
NAME OF INSTI	TUTION:	Teresa's Scl	hool of Therapeutic Massa	ige	
*		Names of C	ourses Taught:		
6-hours Acupunc	ture			····	
84-hours Kinesol	ogy/PNF Stretc	hing		`	• •
30-hours Health	Wellness				
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Legan, College/post graduate I.A.M.A.	B.S. Chesterfie	eld _r Mi _r	Chiropractic/Acupuncture	1990	2003
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Applicable			Exact Nature of		F
Experience	Locatio	n. Berkley Kokomo	Experience	From:	To:
Stout Chiropractic	- ln.		- Clinic Practice.	2003.	2007
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Please TYPE the form.

NAME:	Stout		Melissa (First)	(Middle)	
	(Last)		fensri	finiame)	
NAME OF	INSTITUTIO	ON: Teresa's Scho	ool of Therapeutic Massa	ge	
		Names of Co	urses Taught:		
6-hours A	cupuncture			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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				Period of A	ttondanco
Source of			Area or Subject of		
Training/	Education	Location	Training/Education	From:	To:
graduate I.A	M.A. B.S.	Chesterfield, Mi.	Chiropractic/Acupuncture	1990	2003
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				Employme	at Period
Applicab		, ,	Exact Nature of		- ' '
Experien	ce.	Location 2705 S. Berkley Kokomo	Experience	From:	To:
Stout Chiro	practic	ln.	Clinic Practice	2003.	2007
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INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

NAME: Townsend (Last)		Carolyn				
			(First)	(Middle)	(Middle)	
NAME OF INST	ITUTION:	Teresa's	School of Therapeutic Mass	age		
		Names o	f Courses Taught:			
		Warnes o	1 Courses Taagna			
180-hours Anato	omy/Physiology	/Pathology			<u> </u>	
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Source of	ŀ	Location	Area or Subject of	Period of Attendance		
Training/Educa	ation Locati		Training/Education	From:	To:	
IUPUI Indy/-M.S.	- Indianar	oolis, In	Nursing/R.N.	1990	1996	
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			-	·		
Applicable.		·	Exact Nature of	-	Employment Period	
Experience	Locati	on.	Experience	From:	To:	
Tipton Hespital/Cla Hos. in Indy	Tipton li	ı.lndy	Tipton Hospital	1996	present	
RECEIV	ED				-	
	2007.			-	-	
MAY 0 9	[* 1		-			
INDIANA COMMI PROPRIETARY E	SSIDN ON DUCATION					